Department of Defense
Patient Safety Program

A Competency Model for Patient Safety Managers

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1 Executive Summary and Introduction

With the growth of the modern patient safety movement, a new health care role has emerged — the Patient Safety Manager (PSM). While their official titles may vary, these patient safety professionals typically have primary oversight over patient safety programs in their respective facilities. They serve as patient safety champions and encourage efforts to reduce medical errors, improve the quality and safety of health care delivery and eliminate preventable patient harm.

The development of professional expertise in patient safety, and the growing need for that expertise across the health care spectrum, provides the opportunity to develop a clear and standardized description of the knowledge, skills and abilities required for the PSM role. This report presents a Patient Safety Manager Competency Model developed by the Department of Defense Patient Safety Program (DoD PSP) for the Military Health System (MHS), including an overview of the need for the model, the process used to develop it and the next steps for implementation.

DoD PSP developed the PSM Competency Model in 2011 – 2012. The MHS currently uses the model to guide training and coaching activities by targeting competencies that will help Military Treatment Facilities (MTFs) put effective patient safety programs in place. Although this model was developed specifically for the MHS direct care system (military facilities), the model may be generally applicable to health care organizations across the United States and internationally, as elements of the model were founded on evidence base that broadly encompasses the patient safety needs of the entire national health care system.

The Need

PSMs in the MHS possess a wide array of skill sets and come from a variety of backgrounds, including health care administration, risk management, quality and performance improvement and multidisciplinary clinical professions. In addition, their roles and responsibilities vary from facility to facility and Service to Service (i.e., the Army, the Navy and the Air Force).

Critical to the success of patient safety programs MHS-wide is the ability to produce a cadre of highly skilled PSMs to act as change agents. Given the diversity in PSM backgrounds, the brevity of existing training and the complex workforce challenges facing the MHS, this requires the establishment of standardized competencies and specialized skills.

The Process

As a centralized resource for all Services and MTFs, the DoD PSP began the competency model design process with the development of “Building the Military Health System Patient Safety Workforce Capacity Concept of Operations,” which examined how the MHS could drive toward a culture of safety by developing patient safety and quality competencies within both PSMs as well as the broader MHS clinical workforce. The DoD PSP used a four-step methodology to develop the model, which included conducting an environmental scan, identifying and defining competencies, identifying behavioral indicators and validation.

The Model

The PSM Competency Model describes six competencies and 23 sub-competencies on three proficiency levels (general, intermediate and expert). Because the model objectively outlines the necessary competencies for success for the PSM role in the MHS, it allows PSMs — regardless of education, experience or background — to assess their knowledge, skills and abilities against a standard.

Current Application and Next Steps

The PSM Competency Model is already being used within the MHS as a guide for the continuing professional development of PSMs within both MHS and civilian facilities.

The model is disseminated across the MHS through the Basic Patient Safety Manager (BPSM) Program, an award-winning training curriculum with follow-on coaching available to all new PSMs. PSMs and their managers then use the model to:

- Identify learning resources PSMs may use to achieve competencies at the three proficiency levels; and
- Develop specific plans for an individual PSM's professional development.

PSM development plans can include preparation for national professional recognition, such as the Certification for Professionals in Patient Safety (CPPS)[1], as well as completion of internal MHS development programs. One such program, the PSM Ongoing Learning Program Certificate, uses the model as a framework by which PSMs organize their development efforts in preparation for a formal review and recognition of completed activities.

In the long term, the DoD PSP is using the model as an evidence-based framework to create a comprehensive PSM continuing professional development curriculum to advance the effectiveness of PSMs, build organizational capacity and ultimately the patient safety mission. As the model is disseminated, the DoD PSP welcomes feedback and input from professional patient safety colleagues. As additional professional guidelines and recommendations are developed by other groups, the DoD PSP will review and assess those developments against this model for continual improvement and growth.

2 Background

With the increased focus on making health care safer, more reliable and less costly, it is essential that PSMs are trained to a high and consistent standard. This section will explore how the DoD PSP's efforts to train and support PSMs across the MHS led to the identification of the competencies incorporated into the PSM Competency Model.

[1] The Certification for Professionals in Patient Safety (CPPS) is a credentialing process overseen by the Certification Board for Professionals in Patient Safety (CBPPS), which is sponsored by the National Patient Safety Foundation.

2.1 The Department of Defense Patient Safety Program

The DoD PSP was established in 2001 to identify patient safety issues and implement effective solutions within the MHS. Its mission is "to promote a culture of safety to end preventable patient harm by engaging, educating and equipping patient-care teams to put evidence-based safe practices in place across the organization."[2] To this end, the DoD PSP works to establish a culture of patient safety, quality and high reliability across 55 acute care MTFs, 361 military clinics and 249 dental clinics worldwide.

As part of its mission, the DoD PSP provides training and support to PSMs and other health care professionals across the MHS. Through the process of redesigning the DoD's initial PSM training program and integrating emerging evidence from the patient safety sciences, the DoD PSP identified the need for a set of standardized PSM competencies.

2.2 The Basic Patient Safety Manager Program

The DoD PSP provides training for novice PSMs through the BPSM Program. The program consists of:

- A series of self-study pre-work activities;
- A three-day instructor-led core course; and
- A series of individual and group coaching calls held over a one-year period.

The BPSM Program provides an overview of competency areas considered essential for PSMs, including:

- Systems thinking, human factors, and high reliability principles and strategies;
- Basic principles of performance improvement and measurement;
- Identification, mitigation and reporting of safety risks; and
- Leadership and change management.

2.3 Development and Success of the BPSM Program

In November 2009, DoD PSP Director Lt. Col. Donald Robinson and DoD PSP Deputy Director Heidi King established a priority of updating the DoD's existing patient safety training curriculum to create world-class training for MHS PSMs. To this end, the DoD PSP convened the BPSM Design Team — a multidisciplinary team of instructional designers, patient safety experts, clinicians, training specialists and program evaluators — to design the BPSM Program.

The BPSM Design Team was tasked with integrating the latest evidence from the patient safety and training sciences. In late 2009, the team conducted a front-end needs analysis to inform the design and development of the updated BPSM Program.

[2] Department of Defense Patient Safety Program. Mission Statement. Available at http://www.health.mil/dodpatientsafety.aspx.

Assessment techniques used included:

- Focus groups with experienced PSMs;
- Interviews with MHS patient safety leadership; and
- Reviews of the scientific literature, existing patient safety academic curricula, and relevant materials produced by nationally recognized health care safety and quality bodies, such as the National Quality Forum, the Institute for Healthcare Improvement and The Joint Commission.

Based on the results of the front-end analysis, the team designed the training program from December 2009 through March 2010, soliciting feedback from leadership stakeholders throughout the process.

In 2010, the team piloted the revised BPSM Program with three PSM courses, in April, May and November, and conducted formative evaluations consisting of standardized course evaluation questionnaires, course participant focus groups, and feedback from DoD PSP leadership. Using a continuous improvement approach, the team used evaluation results to inform revisions to each successive pilot course. The core curriculum content and evaluation format were stabilized for the January 2011 course. From January 2011 through September 2012, six courses were offered, and a full multilevel evaluation of the program was conducted.

Based on evaluations conducted immediately following the initial BPSM Course delivery and throughout the 12-month post-course coaching and follow-up period, participants continued to develop knowledge and skills in the patient safety competency areas targeted by the course. For example, before the course, an average of 24 percent of trainees reported high confidence in their PSM core competencies; immediately after course completion, this increased to 86 percent of trainees. In addition, the one-year follow-up evaluations showed that PSMs continued to gain confidence in their core competencies, increasingly applied learned skills on the job, progressively completed their priority patient safety activities and successfully identified and removed barriers to performance success.

In addition to the positive feedback from course participants, the course has also been recognized with two professional awards:

- A poster describing how the BPSM Design Team incorporated evidence-based practice into the BPSM curriculum was designated the First Place Poster Presentation at the 2011 Educators' Evidence-Based Practice Workshop®, held annually at the Summer Institutes for Quality Improvement sponsored by the University of Texas Health Science Center; and
- BPSM's unique combination of long-established training design techniques with emerging research from the sciences of adult learning, organizational training and change management was recognized with an Innovation Award from the 2013 Training Officers Consortium.

2.4 Journey toward Ongoing Learning

The DoD PSP regards the BPSM Program as the first step in a journey toward ongoing learning for PSMs. While the program has been undeniably successful in achieving its goals of high-quality entry-level training for PSMs, course evaluations consistently show that PSMs are eager to continue developing professionally beyond the current offerings of the program and related DoD PSP activities. Specifically, PSMs need additional training in complex technical skills, such as data collection and analysis, as well as in the more challenging areas of job performance, such as managing organizational change. To guide the next steps in developing learning opportunities, it was recommended that the DoD PSP develop a PSM Competency Model for MHS PSMs before creating additional training courses in the PSM curriculum.

3 PSM Competency Model

This section describes the process for developing the PSM Competency Model and summarizes the core elements of the model. The full description of competencies is presented in Appendix B. The model provides a framework through which MHS PSMs may continue their professional development and attain skills to help them achieve career goals. It also provides the DoD PSP with critical paths for targeting learning and development opportunities for patient safety professionals across the MHS.

3.1 Understanding Competency Models

The Office of Personnel Management (OPM) defines a competency as an observable, measureable pattern of knowledge, skills, abilities, behaviors and other characteristics that an individual needs to perform work roles or occupational functions successfully. A competency is essentially a standardized requirement in order for an individual to perform the work required.

A competency model is a collection of competencies that define successful performance in a particular work setting.

3.1.1 Use and Purpose of Competency Models

Competency models serve as the foundation for training and development activities because they specify what is essential for successful job performance. The purpose of competency modeling is to define characteristics of people's behavior associated with successful performance, which is especially helpful for jobs that may be ill-defined, continually evolving with the organization, or multidimensional with a variety of roles and responsibilities that cross functional areas of expertise (e.g., PSMs).

While there has been significant progress toward integration and standardization, at present there are variations in how patient safety is addressed across the MHS. PSM is often one of several roles for many, making development of a competency model particularly important. Just like many health care delivery systems, the DoD faces complex short- and long-term workforce challenges brought about by the continuing evolution of patient safety needs, including the varying patient safety

needs across the three Services, shrinking budgets and other factors. To respond to these challenges, it is critical for the DoD PSP to have a cadre of highly skilled PSMs who can act as change agents to promote the safe care of patients. The PSM Competency Model is used to identify, develop and implement additional learning opportunities for PSMs so that they may become proficient in the competency areas identified as necessary for success in their role.

3.1.2 PSM Competency Development

The DoD PSP employed a four-step process to develop the PSM Competency Model, as shown in Exhibit 1 and described on the following pages.

Exhibit 1: Methodology for Developing the PSM Competency Model

	Step 1: Conduct Environmental Scan	Step 2: Identify and Define Competencies	Step 3: Identify Behavioral Indicators	Step 4: Validate Model
Objectives	Review existing documentation on PSM competencies from vetted sources	Identify/develop the competencies needed to support the PSM role	Develop behavioral indicators aligned to three levels of proficiency for identified competencies and sub-competencies	Validate competency model
Activities Performed	▪ Gathered and reviewed existing PSM competency-related information (e.g., existing evidence-based articles and competency models, research conducted during development of the BPSM course) ▪ Gathered and reviewed samples of patient safety competencies for related professions (e.g., clinicians)	▪ Drafted competency and sub-competency titles and definitions based on information collected during environmental scan ▪ Drafted three proficiency levels	Drafted behavioral indicators for each competency proficiency level based on information collected during the environmental scan	▪ Validated model against research conducted during environmental scan ▪ Vetted model with subject matter expert (SME) and refined based on feedback
Output	List of resources reviewed and categorized	Draft of PSM Competency Model and proficiency levels	Draft of PSM Competency Model with behavioral indicators	Final PSM Competency Model

Step 1: Environmental Scan

In the initial step, the BPSM Design Team conducted an environmental scan, or literature review, of patient safety articles and studies using authoritative and vetted sources. (A list of all sources of input for Step 1 is available in Appendix A.) Because patient safety and the role of the PSM are still evolving, many of these articles addressed the future state of patient safety, highlighting the skills needed by PSMs to advance the field.

The project team also reviewed the research gathered during the front-end analysis of the BPSM Course, including interviews with Service representatives and current PSMs, patient safety training curricula from leading universities and professional organizations, and PSM competency work completed by the DoD. Finally, the environmental scan included a review of patient safety competencies for related

professions, (e.g., physicians, nurses). The following questions guided the project team during this phase of the project:

- What competencies do employees currently need to be successful?
  - On the first day of the job?
  - Long-term?
- What competencies and proficiencies will become essential in the future for the MHS to meet changing requirements?
- How will job success be measured?

Step 2: Identify and Define Competencies

Identifying competencies through the development of a competency inventory was the second step in the process. The project team identified six major competency areas and 23 sub-competencies, shown in Exhibit 2.

Exhibit 2: PSM Competency Inventory

Competencies	Corresponding Sub-competencies	
Analysis	▪ Measurement and Evaluation ▪ Problem-solving	▪ Decision Making ▪ Systems Thinking
Business Skills and Knowledge	▪ Project Management ▪ Interpersonal Skills ▪ Teamwork	▪ DoD Organizational Knowledge ▪ Technology Literacy
Communication	▪ Oral ▪ Written	▪ Presentation Skills
Leadership	▪ Change Management ▪ Coalition Building	▪ Accountability for Results ▪ Service Orientation
Patient Safety Expertise	▪ Patient Safety Industry Knowledge ▪ Patient Engagement	▪ Risk Identification and Mitigation ▪ Culture Assessment, Feedback and Intervention ▪ Performance Improvement
Professional Development	▪ Educating Others	▪ Continuous Learning

As a part of this step, the team also developed definitions for each of the competencies and sub-competencies and identified three levels of proficiency. Proficiency levels refer to the level of skill and expertise associated with competencies. The PSM Competency Model proficiency levels include general, intermediate and expert as outlined in Exhibit 3.

Exhibit 3: Proficiency Levels

Level	Description
General	Typically, the general-level PSM is someone new to the role. The general PSM should exhibit a basic understanding of the principles of patient safety and usually perform his or her work with assistance of a supervisor or others.
Intermediate	The intermediate-level PSM should be fully functioning and operating independently with little guidance. The intermediate PSM should also contribute to the advancement of patient safety at the MTF and Service levels.
Expert	The Expert-level PSM should not only be fully functional but also should serve as a teacher and role model for less experienced PSMs and should contribute to the advancement of patient safety at the Service and DoD levels.

Step 3: Identify Behavioral Indicators

In Step 3 of developing the PSM Competency Model, the project team identified behavioral indicators for each competency at all three proficiency levels. Behavioral indicators are examples of actions or activities that correspond to the proficiency levels for that competency. These indicators play an important role in operationalizing competencies into observable, measurable behaviors by describing how competencies manifest themselves in on-the-job behavior and activities performed at increasing levels of proficiency (e.g., general, intermediate and expert) within each competency. Increased responsibility, scope, depth and complexity are representative of behavioral indicator statements that relate to higher proficiency levels.

Behavioral indicators allow PSMs and their supervisors to identify:

- Whether the PSM possesses a competency;
- To what degree he or she possesses the competency (proficiency level); and
- What training and development activities might help the PSM acquire a new competency or progress to the next level of proficiency in an existing competency.

The indicators also provide an objective, observable framework for assessment of the PSM's progress toward targeted competencies. The behavioral indicators provided for each of the proficiency levels in the model are examples and are not all-inclusive of the skills that a PSM should exhibit at each level. An example of behavioral indicators is included in Exhibit 5 (see page 14).

It is interesting to note that the Accreditation Council for Graduate Medical Education (ACGME) has utilized a similar system of "milestones" and behavioral indicators to establish competencies for residents as part of its *Next Accreditation System.*[3]

Each milestone incorporates five expected levels of performance similar to the PSM Competency proficiency levels, as shown in Exhibit 4.

[3] Accreditation Council for Graduate Medical Education. Next Accreditation System. Accessible at http://www.acgme.org/acgmeweb/tabid/435/ProgramandInstitutionalAccreditation/NextAccreditationSystem.aspx

Exhibit 4: Expected Levels of Performance

Level	Role
1	Typical graduating medical student
2 & 3	Resident during the program
4	Graduating resident
5	Advanced specialist resident or practicing physician

As with the PSM competencies, the goal of the ACGME milestones is to provide objective, observable standards that residents must achieve during each stage of their training.

Step 4: Validate the Model

During the final step of developing the PSM Competency Model, the team validated the model by:

- Comparing the newly developed model with the research conducted in Step 1 to ensure consistency; and
- Vetting the competency model with patient safety subject matter experts.

The project team updated the model based on input from the validation step.

3.1.3 PSM Competency Model Structure

While competency models can take a variety of forms, the MHS PSM Competency Model is structured systematically around seven main elements:

- Competency title;
- Competency definition;
- Sub-competency title;
- Sub-competency definition;
- Proficiency levels;
- Behavioral indicators; and
- PSM core values.

Exhibit 5 provides one illustrative sub-competency from the model (see Appendix B) with the associated proficiency levels and behavioral indicators. In this example, Interpersonal Skills is the title of the sub-competency, and the definition immediately follows. Interpersonal Skills is a sub-competency of the Business Skills and Knowledge competency.

The competency and sub-competency definitions were developed specifically for the PSM and directly correlate to the position. The following page contains the definition and the three proficiency levels with the behavioral indicators (shown as a bulleted list) for each level.

Exhibit 5: Sample Sub-Competency Including Definition, Proficiency Levels and Behavioral Indicators

Sub-Competency / Sub-Competency Definition	
Interpersonal Skills: Exemplifies professionalism by displaying courtesy, tact, empathy, compassion, respect and concern in dealing with co-workers and others; develops and maintains relationships; deals effectively with people who are difficult, hostile, distressed; relates well to people from varied backgrounds and situations, and is sensitive to individual differences	
Proficiency General	▪ Interacts, cooperates and works well with management, colleagues, patients and general public under guidance and supervision; ▪ Develops good working relationships with interdisciplinary teams throughout the MTF to advance patient safety; and ▪ Establishes rapport during attendance at meetings by sharing information.
Intermediate	▪ Interacts, cooperates and works well with management, interdisciplinary teams, patients and general public under limited or no supervision; ▪ Establishes rapport and exhibits respect for others to defuse hostile situations or elicit information (e.g., asking questions, finding common ground); ▪ Listens to and interprets others' verbal and non-verbal communications; and ▪ Courteously and tactfully delivers effective instruction (e.g., regulatory compliance, technical information, safety protocols).
Expert	▪ Establishes and maintains ongoing working relationships with employees, management, internal and external agencies, public organizations, patients and the general public; ▪ Seeks to understand the perspectives of others (e.g., Patients and families, Administrators, Clinicians, etc.); and ▪ Effectively mediates and resolves internal and external conflict. **Behavioral Indicators**

The competencies, sub-competencies, definitions, proficiency levels and behavioral indicators establish a uniform perspective and measurement scale when:

- Designing training programs to help PSMs advance in their careers;
- Assessing an individual's level of proficiency in the competency area; and
- Evaluating overall success of the PSM continuing professional development program.

In addition to demonstrating the competencies vital to the success of a PSM, the research[4] indicated that it is important for PSMs to also uphold a set of core values that support the mission of patient safety. Core values are not descriptions of the work that PSMs do or strategies employed to accomplish the mission, rather they are the basic elements of how PSMs go about their work. The core values, shown in Exhibit 6, underline the importance of patient safety and the dedication of PSMs to the individuals they serve.

[4] See Appendix A for all of the references used to compile the list of PSM Core Values.

Exhibit 6: PSM Core Values

Core Value	Description
Excellence	▪ Going above and beyond expected standards; ▪ Committing to the demonstrated ongoing excellence in performance; ▪ Giving the best effort at all times; and ▪ Striving for improvement.
Empathy	▪ Developing an understanding of another individual's or group's thoughts and feelings; ▪ Recognizing and sharing another's feeling; ▪ Viewing things from the perspective of another person; and ▪ Being compassionate.
Integrity/Ethics	▪ Adhering to the highest standard of ethical principles; ▪ Representing the truth; ▪ Doing what is promised; and ▪ Highlighting medical ethics and human value as a vital component of patient safety.
Professionalism	▪ Never compromising standards and values; ▪ Serving as a role model to future PSMs; ▪ Demonstrating commitment to others and to continuous learning; and ▪ Believing passionately in patient safety.
Respect	▪ Treating others with dignity; ▪ Giving credence to others' thoughts and opinions; ▪ Being sensitive to other perspectives; and ▪ Encouraging collaboration.
Trust	▪ Building and maintaining relationships based upon honesty, fairness, benevolence and the sharing information; ▪ Protecting confidentiality; and ▪ Accepting others as they are.

3.2 Implementing the Competency Model

The PSM Competency Model is a valuable long-term investment for the DoD PSP as well as for civilian health care organizations that choose to implement it. Not only can it be used to identify both individual and system-wide training needs, but PSMs and leadership can also use the model as a guide for closing identified competency gaps. The following sections describe how both individual PSMs and the DoD PSP can implement the model in the MHS. Though the descriptions in this section are targeted to the MHS, the steps may also be applicable for PSMs and patient safety leaders in other health care systems.

3.2.1 Assessing Individual Gaps

The overall goal of the PSM Competency Model is to ensure that all PSMs are prepared to perform their roles in promoting and improving patient safety across the MHS. Demographics collected during the initial offerings of the BPSM Course (April, May and November 2010; January 2011) showed that the DoD PSM population is very heterogeneous:

- They represent three Services (i.e., the Army, the Navy and the Air Force);
- They work in different types of medical facilities (e.g., hospitals, dental clinics, ambulatory clinics);
- Their education ranges from high school to postgraduate degrees (almost half have earned a master's or doctorate degree);
- Some have a clinical background while others do not;
- Patient safety is a primary duty for some while it is a collateral duty for others; and
- Their MHS experience ranges from zero to many years[5].

Because the model clearly outlines the necessary competencies for success in the PSM role, it allows PSMs — regardless of their education, experience or background — to review the model and assess their knowledge, skills and abilities (KSA) against the models' standards. To gain a more comprehensive picture of their proficiency, PSMs may solicit input from supervisors and colleagues. Once PSMs have reviewed the model and identified their competency gaps, they can work with their supervisors to develop an individualized learning plan that will allow them to achieve the necessary KSAs at their own pace.

3.2.2 Assessing Challenges

The MHS, like other health care organizations, is facing challenges that will impact the delivery of care, including:

- A constrained economic environment; and
- High personnel turnover rates.

In addition, through BPSM program evaluations, PSMs have frequently reported organizational factors related to their successful performance on the job, including:

- Workload and competing priorities;
- Insufficient front-line support;
- Lack of clarity regarding roles and responsibilities; and
- Suboptimal leadership engagement.

Using the PSM Competency Model as a framework to build highly focused competency-based training for PSMs will help the DoD PSP, and other health care organizations, meet these challenges.

Economic Constraints

At a time when many training budgets are shrinking, it is imperative that training programs focus on developing specific and necessary skills. Many organizations have found that competency assessments provide a quantitative way to analyze training needs and develop targeted training programs focused on developing skills

[5] BPSM Pilot Course (April, May 2010 classes) Evaluation Report, October 2010. BPSM Course Update, 2nd Report, PSPCC Meeting Brief, March 2011.

and closing competency gaps.[6] By evolving from broadly applied training programs to highly focused curricula directed at addressing specific learning needs, these organizations have been able to reduce not only their training costs but also the number of hours that busy employees must spend in the classroom — an added benefit to PSMs, who identified workload and competing priorities as a major challenge.

Using the PSM Competency Model as a guide, the DoD PSP and other health care organizations can evaluate available training programs and determine where additional training may be needed to close specific competency gaps. After identification and prioritization of the training gaps, these organizations can focus on the development of learning solutions in the competency areas that will most quickly move them toward successful implementation and execution of their mission and goals.

High Staff Turnover

PSMs in the MHS may be DoD civilian employees, contractors or active duty military. Frequent turnover rates among PSMs are often driven by contract rebids, deployments and rotational assignments. Lower salaries may also be a contributing factor as civilian-sector PSMs are often more highly compensated than MHS personnel. In addition, a 2010 joint study by the Partnership for Public Service and Booz Allen Hamilton found that 25.1 percent of civilian new hires in the DoD separate from the agency in less than two years.[7] The study found that the contributing factors that departing employees cited most were lack of solid career tracks, few opportunities for growth and lack of "connectedness."

A recognition or certificate program for PSMs places greater value on the role by recognizing and supporting the career progression of those employees who achieve a higher level of expertise. With this in mind, the DoD PSP developed the PSM Ongoing Learning Program Certificate. The certificate recognizes the work of PSMs who continue learning after completing the BPSM Course by attending DoD-sponsored webinars and participating in other educational activities. Other health care organizations concerned about turnover could provide similar types of development opportunities and recognition for PSMs.

PSMs can also use the KSAs developed through organizational development programs to prepare for national recognition programs, such as the CPPS. Launched by the National Patient Safety Foundation (NPSF) in March 2012, the CPPS "establishes core standards for the field of patient safety, benchmarks requirements necessary for health care professionals and sets an expected proficiency level.[8]"

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[6] Bersin & Associates, Learning and Development in the Federal Sector: Insights and Analysis of Training Initiatives in the Federal Government, March 2011.
[7] Partnership for Public Service. Beneath the Surface: Understanding Attrition at Your Agency and Why It Matters. November 2010.
[8] Certification Board for Professionals in Patient Safety. About Certification. Available at http://cbpps.org/

Organizational Challenges to PSM Performance

The PSM Competency Model can play a significant role in helping PSMs face the organizational challenges identified by MHS leadership and BPSM participants. Other health care organizations may find these concerns relevant as well. In BPSM Course evaluations and follow-up coaching calls, program participants suggested that better clarity regarding roles and responsibilities along with ongoing training, coaching and mentoring would be beneficial. The competency model provides a framework for identifying common PSM competencies across the MHS, which in turn can be used to clarify roles and responsibilities. While the model does not specify exact responsibilities for PSMs, it may be used to facilitate discussions between PSMs and supervisors regarding expected responsibilities and performance levels.

BPSM participants also noted a strong desire to network with and learn from more experienced PSMs. The PSM Competency Model can provide a means for identifying PSMs who have reached the intermediate and expert proficiency levels, allowing them to act as resources for networking, mentoring, and shadowing opportunities as well as knowledge sharing across the broader PSM community.

3.2.3 Near-Term Implementation

While the BPSM Program provides a solid foundation to help MHS PSMs gain many of the competencies at the general level, the curriculum is not sufficient to ensure PSMs are proficient in all of the competency areas. Due to time constraints, the course has been shortened, and some content areas recommended in the original curriculum design plan were excluded. In addition, in post-course and follow-up evaluations, PSMs reported lower confidence levels in their ability to perform more complex skills (e.g., data collection and analysis, applying a performance improvement model). They have requested ongoing support, mentoring and coaching to improve their skills in these areas.[9]

As a result, the DoD PSP determined that an important first step in the implementation of the PSM Competency Model was to research additional learning resources to help new PSMs attain competencies at the general level of proficiency. The research resulted in the development of the Learning Resource Guide for PSM Competencies — General Level. This guide is a compilation of learning resources that are available at no cost to PSMs in the DoD. Although there are many additional learning resources available for a fee, the guide includes only those that can be accessed free of charge. Other health care organizations might consider developing a similar guide for their PSMs. However, it is important to note that training resources for PSMs are constantly evolving, and any organizational resource list should be updated regularly.

To recognize PSMs' ongoing learning activities, the DoD PSP implemented the PSM Ongoing Learning Program Certificate in 2012. To earn the certificate, PSMs complete a Competency Development Roadmap (provided in Appendix D) based on the competencies and proficiency levels outlined in the PSM Competency Model. Working with their managers, PSMs use the roadmap to develop individualized

[9] BPSM Pilot Course (April, May 2010 classes) Evaluation Report, October 2010. BPSM Course Update, 2nd Report, PSPCC Meeting Brief, March 2011.

programs based on their current strengths and areas for improvement then track their development progress against this plan. (A completed example is provided in Appendix E.) PSMs can apply for the certificate once their plan is complete. Although not directly linked to the CPPS Certification offered by NPSF, a PSM's individual Competency Development Roadmap can be tailored to prepare for the certification exam.

PSMs can earn multiple certificates as they advance through the proficiency levels outlined in the PSM Competency Model. At the more advanced levels, the focus of the certificate program may shift from individualized learning (e.g., participation in training courses) to contributing to the patient safety body of knowledge (e.g., sharing projects and lessons learned, presentations at national conferences, authoring articles and studies, mentoring less experienced PSMs or teaching courses). As PSMs increase their level of proficiency, the MHS can use this cadre of intermediate and expert-level PSMs to support those who are new to the role.

3.2.4 Long-Term Implementation (Recommendations)

The PSM Competency Model provides the framework for developing a comprehensive learning program to help PSMs succeed in their roles and progress through the levels of proficiency to become leaders in their field. The following recommendations for implementation were developed when the model was released in 2012.

Recommendation 1: Match available learning opportunities to the Intermediate and Expert competencies in the model.

The Learning Resource Guide for PSM Competencies — General Level matches available no-cost learning opportunities to the PSM Competency Model. Most of these resources will help PSMs attain the competencies at the general level of proficiency. The next step will be to identify and match learning resources to higher levels, so all PSMs can find resources to help them advance in their development as patient safety professionals.

To date, since the PSM Competency Model was released in 2012, the DoD PSP has worked to identify specific areas where PSMs believe they need intermediate and advanced levels of training in order to reach the higher levels of proficiency identified in the model. The DoD PSP has also conducted periodic environmental scans to identify resources that could fill these needs, and it has made PSMs in the field aware of these resources through announcements in its eBulletin and Learning Update online publications and postings on social media channels.

As previously noted, learning resources in patient safety change frequently; many are one-time only opportunities, such as conferences or webinars. As the CPPS certification program gains momentum, it is anticipated that learning resources for patient safety professionals will occur more frequently. It will take the support and participation of PSMs across the MHS to keep the list of learning resources current.

Recommendation 2: Identify and close gaps between existing learning opportunities and learning needed by PSMs to become proficient in their roles.

In some instances, appropriate and cost-effective learning opportunities do not exist to help PSMs gain the necessary competencies. Once existing learning resources have been identified and mapped to all three levels of the competency model (general, intermediate, expert), it will be possible to identify gaps where training or other resources are not available. In collaboration with the Services, the DoD PSP can prioritize and develop a plan for closing the learning gaps. The DoD PSP may choose to develop and deliver some of the learning resources, as with the BPSM Course, or it may partner with other organizations, such as the PSP Team Resource Centers and/or the National Patient Safety Foundation (NPSF), to close the identified gaps in learning. To date, the DoD PSP has provided PSMs with a number of webinars on advanced topics through which they can earn continuing education credit, and it has also made archives of these webinars available.

Recommendation 3: Make PSMs and their supervisors aware of the model and how it can be used to assess existing competencies, build additional competencies and further their careers.

The PSM Competency Model is a framework for success as a PSM in the MHS, and the final decision for its use will be determined by the DoD and the Services. However, it is suggested that the model be disseminated to existing PSMs and their managers as well as personnel interested in pursuing careers as PSMs. It provides PSMs and/or their managers the ability to assess against the behavioral indicators in order to determine current levels of proficiency.

Many organizations, including the American College of Healthcare Executives[10], have developed manual or automated tools to help their members or employees assess their level of competency. The Federal Competency Assessment Tool (FCAT) is a Web-based instrument adopted by the OPM that allows federal employees and their managers to assess proficiency levels and track progress toward the attainment of competencies. The output of these assessment tools is a tailored learning plan designed to help employees close competency gaps and increase proficiency.

Since the PSM Competency Model's release in 2012, the DoD PSP has developed a corresponding Competency Development Roadmap, which PSMs can use to track their progress as they advance through the model's proficiency levels (see Appendixes D and E for examples). Working with their managers, PSMs can use the roadmap both to identify areas for further development and track progress toward their development goals. As PSMs progress through their development plans, their roadmaps serve as documentation when they apply for recognition through the PSM Ongoing Learning Program.

Recommendation 4: Use the PSM Competency Model as a starting point to build a comprehensive PSM talent management program.

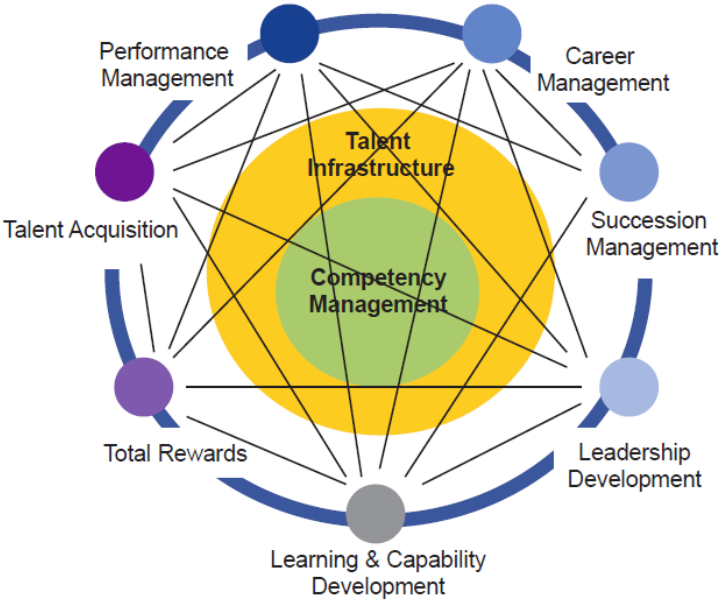
A competency model is the beginning of a comprehensive talent management program that may include learning and capability development, performance

[10] American College of Healthcare Executives. Healthcare Executive Competencies Assessment Tool. 2010. Available at www.ache.org/pdf/nonsecure/careers/competencies_booklet.pdf

management, succession management and more. Bersin and Associates proposed a possible model for integrated talent management in the federal space[11] as shown in Exhibit 7.

The Bersin study showed that mature, integrated talent management systems have a positive impact on business results. Companies and organizations with more mature talent management initiatives have lower turnover, higher promotion rates, a strong pipeline of successors and more success in developing leaders.

Exhibit 7: The Vision of Integrated Talent Management



Creating competency models is a long-term strategic investment. Since its release in 2012, the PSM Competency Model has contributed to the success of patient safety in the MHS by helping to develop a cadre of skilled PSMs who can sustain and drive the patient safety initiative over time. While the model was created primarily to inform the development of PSM learning solutions, the Bersin study shows that the model can be a starting point for a broader talent management system across the MHS should the DoD PSP choose to move in that direction. In addition to prompting training activities, the model will help create a shared understanding of the role of PSMs in the MHS.

4 Conclusion

As health care organizations strive to meet the Triple Aim[12] of controlling costs while improving patient outcomes and population health, quality improvement measures related to patient safety will become increasingly important. PSMs must

[11] Bersin & Associates, Learning and Development in the Federal Sector: Insights and Analysis of Training Initiatives in the Federal Government, March 2011.
[12] Within the DoD, the Triple Aim is known as the Quadruple Aim, incorporating a fourth factor—Readiness. Additional information available at: http://www.health.mil/~/media/MHS/Report%20Files/TRICARE2013%2002_28_13%20v2.ashx

be ready to assume leadership roles in the implementation and evaluation of these change initiatives.

Tools such as the PSM Competency Model can help PSMs prepare to meet future challenges by outlining expectations for the PSM role and providing direction for professional development. As the PSM role develops and expands, the model and other professional development tools must be continuously updated in order to provide PSMs with the guidance and support they need to continue their professional growth. For example, the increasing use of information technology in areas such as electronic medical records, provider decision support, pharmacy automation and patient engagement could require the revision of existing competencies and sub-competencies, as well as the development of new ones. For this reason, the model should be considered a living document which, like health care itself, is subject to continuous improvement.

5 References

5.1 References in Text Citations

Accreditation Council for Graduate Medical Education. *Next Accreditation System*. Accessible at http://www.acgme.org/acgmeweb/tabid/435/ProgramandInstitutionalAccreditation/NextAccreditationSystem.aspx

American College of Healthcare Executives. Healthcare Executive Competencies Assessment Tool. 2010. Available at www.ache.org/pdf/nonsecure/careers/competencies_booklet.pdf.

Bersin & Associates, Learning and Development in the Federal Sector: Insights and Analysis of Training Initiatives in the Federal Government, March 2011.

BPSM Pilot Course (April, May 2010 classes) Evaluation Report, October 2010. BPSM Course Update, 2nd Report, PSPCC Meeting Brief, March 2011.

National Patient Safety Foundation. NPSF Programs. Available for download at http://www.npsf.org/hp/NPSF-Prog-Snapshot-2011.pdf.

Partnership for Public Service. Beneath the Surface: Understanding Attrition at Your Agency and Why It Matters. November 2010.

5.2 Additional Content References

Anderson, M.B., Kanter, S.L. *Medical Education in the United States and Canada, 2010.* Acad Med. 2010 Sep; 85(9 Suppl):S2-18.

Condra, Mollie Elizabeth, Ph.D. Creating Safer Healthcare Organizations: The Essential Role of High-Impact, Rapidly-Delivered Training & Education. HealthStream, Inc., 2008.

Conway, P.H., Clancy, C. *Transformation of Health Care at the Front Line.* JAMA. 2009 Feb 18; 301(7):763-765.

Cronenwett, L., Sherwood, G., Gelman, S.B. *Improving Quality and Safety Education: The QSEN Learning Collaborative.* Nurs Outlook. 2009 Nov-Dec; 57(6):304-312.

Cronenwett, L., Sherwood, G., Pohl ,J., Barnsteiner, J., Moore, S., Sullivan, D.T., Ward, D., Warren, J. *Quality and Safety Education for Advanced Nursing Practice.* Nurs Outlook. 2009 Nov/Dec; 57(6):338-348.

The Joint Commission (TJC) and Institute for Healthcare Improvement (IHI). Essential Guide for Patient Safety Officers. Second Edition. Chicago, IL: JC; January 2012.

Jones, M.D. Jr., Rosenberg, A.A., Gilhooly, J.T., Carraccio, C.L. *Perspective: Competencies, Outcomes, and Controversy — Linking Professional Activities to Competencies to Improve Resident Education and Practice*. Acad Med. 2012 Feb; 86(2):161-165.

Koo, D., Miner, K. *Outcome-Based Workforce Development and Education in Public Health.* Annu Rev Public Health. 2010 Apr 21; 31:253-269 1 p following 269.

Leach, D.C. *A Model for GME: Shifting from Process to Outcomes: A progress report for the Accreditation Council for Graduate Medical Education*. Med Educ. 2004 Jan; 38(1):12-14.

Leonard M, Frankel A, Federico F, Frush K, Haraden C (editors). The Essential Guide for Patient Safety Officers. 2nd Ed. Chicago: Joint Commission Resources with the Institute for Healthcare Improvement; 2013.

Leape, L., Berwick, D., Clancy, C., Conway, J., Gluck, P., Guest, J., Lawrence, D., Morath, J., O'Leary, D., O'Neill, P., Pinakiewicz, D., Isaac, T. Lucian Leape Institute at the National Patient Safety Foundation. *Transforming Healthcare: A Safety Imperative*. Qual Saf Health Care. 2009 Dec; 18(6):424-428.

National Quality Forum (NQF). Safe Practices for Better Healthcare — 2010 Update: A Consensus Report. Washington, DC: NQF; 2010.

Shekelle PG, Wachter RM, Pronovost PJ, Schoelles K, McDonald KM, Dy SM, Shojania K, et al. Making Health Care Safer II: An Updated Critical Analysis of the Evidence for Patient Safety Practices. Comparative Effectiveness Review No. 211. (Prepared by the Southern California-RAND Evidence-based Practice Center under Contract No. 290-2007-10062-I.) AHRQ Publication No. 13-E001-EF. Rockville, MD: Agency for Healthcare Research and Quality. March 2013. Available at www.ahrq.gov/research/findings/evidence-based-reports/ptsafetyuptp.html .

Shojania, K.G., Levinson, W. *Clinicians in Quality Improvement: A New Career Pathway in Academic Medicine.* JAMA. 2009 Feb 18; 301(7):766-768.

Skochelak, S.E. *Commentary: A Century of Progress in Medical Education: What About the Next 10 Years?* Acad Med. 2010 Feb; 85(2):197-200.

6 Appendix A: Sources of Input for the PSM Competency Model and PSM Core Values

Advice from Change Agents. Joint Commission Perspectives on Patient Safety, November 2006, Volume 6, Issue 11.

American College of Healthcare Executives. *ACHE Healthcare Executive: Competencies Assessment Tool 2010*.

American Society for Healthcare Risk Management (ASHRM) of the American Hospital Association. *The Growing Role of the Patient Safety Officer:* Implications for Risk Managers. Chicago, IL: ASHRM; June 2004.

Australian Commission on Safety and Quality in Healthcare (ACSQH). *National Patient Safety Education Framework*. Commonwealth of Australia: July 2005.

CERPS, *Patient Safety Managers Proposed Competencies*. 25 May 2006

Denham CR. CEOs: *Meet Your New Revenue Preservation Officer…Your PSO!* J Patient Safety, Volume 4, Number 3, September 2008

Denham CR. *The New Patient Safety Officer: A Lifeline for Patients, A Life Jacket for CEOs*. J Patient Safety. Volume 3, Number 1, March 2007, 43-54.

DoD Instruction 1400.25. *DoD Civilian Personnel Management System: Volume 250, Civilian Strategic Human Capital Planning*. 18 Nov 2008

DoD 6025.13-R. *Military Health System (MHS) Clinical Quality Assurance (CQA) Program Regulation*. 11 June 2004.

DoD Patient Safety Program. *Front-end Analysis Report for the Basic Patient Safety Manager Course,* 2010, including results from interviews, focus groups and environmental scan.

George WW, Denham CR, Burgess LH, Angood PB, and Keohane C. *Leading in Crisis: Lessons for Safety Leaders.* J Patient Safety, Volume 6, Number 1, March 2010.

Greiner, AC, Knebe, El, Ed. Committee on the Health Professions Education Summit. *Health Professions Education: A Bridge to Quality.* Washington, DC: National Academies Press, 2003.

The Joint Commission (TJC) and Institute for Healthcare Improvement (IHI). Essential Guide for Patient Safety Officers. Second Edition. Chicago, IL: JC; January 2012.

National Patient Safety Foundation, Lucien Leape Institute. Unmet Needs: Teaching Physicians to Provide Safe Patient Care. Report of the Lucian Leape Institute Roundtable on Reforming Medical Education, 2010.

National Quality Forum (NQF). *Safe Practices for Better Healthcare–2009 Update: A Consensus Report.* Washington, DC: NQF; 2009.

Wachter, RM. *Patient Safety at Ten: Unmistakable Progress, Troubling Gaps*. Health Aff (Millwood). 2010, 29:1.

7 Appendix B: Patient Safety Manager Competency Model

The following table summarizes competencies and corresponding sub-competencies identified for Patient Safety Managers. Each competency is described in detail on the following pages:

PSM Competency Model	
Competencies	**Corresponding Sub-competencies**
Analysis	▪ Measurement and Evaluation ▪ Problem-solving ▪ Decision Making ▪ Systems Thinking
Business Skills and Knowledge	▪ Project Management ▪ Interpersonal Skills ▪ Teamwork ▪ DoD Organizational Knowledge ▪ Technology Literacy
Communication	▪ Oral ▪ Written ▪ Presentation Skills
Leadership	▪ Change Management ▪ Coalition Building ▪ Accountability for Results ▪ Service Orientation
Patient Safety Expertise	▪ Patient Safety Industry Knowledge ▪ Patient Engagement ▪ Culture Assessment, Feedback, and Intervention ▪ Risk Identification and Mitigation ▪ Performance Improvement
Professional Development	▪ Educating Others ▪ Continuous Learning

7.1 Analysis

7.1.1 Analysis Defined

Analysis	
Definition	The ability to visualize, articulate and solve problems and concepts. Applies critical thinking to gather and analyze information, design and test solutions to problems and formulate plans. Uses systems thinking to analyze data and make correct inferences or draw accurate conclusions. Makes decisions based on available information. Ability to turn data into information that can be used by decision-makers. Uses a wide range of analytical methods to effectively use data to identify patient safety problems, develop solutions and test solution effectiveness.
Sub-competencies	▪ Measurement and Evaluation; ▪ Problem Solving; ▪ Decision Making; and ▪ Systems Thinking.

7.1.2 Measurement and Evaluation

Measurement and Evaluation: The ability to use measurement principles, tools and techniques to continually assess and improve patient safety in the MTF; the ability to identify data sources, and collect, analyze and interpret data to support leadership decision-making; and applies scientific methods to identify patient safety risk and design and test corrective interventions.	
General	▪ Identifies and uses sources of data (e.g., PSRS) relevant to patient safety when guided by others; ▪ When guided by others, uses basic measurement tools and techniques to collect, analyze and report on quantitative and qualitative data and information; ▪ Assists in developing patient safety measurement plans focusing on high volume, high risk or problem prone areas; ▪ Uses data collection and analysis tools, (e.g., run charts, control charts, Pareto charts, flow charts, cause-and-effect diagrams, root cause analysis, failure mode and effects analysis) to improve patient safety; ▪ Applies regulations and laws that govern the collection, management and disclosure of health care information; and ▪ Assists in testing the effectiveness of safety interventions to determine if they have achieved the intended results (e.g., RCA corrective actions, central line infection bundles, fall prevention programs and TeamSTEPPS).
Intermediate	▪ Recommends and designs approaches to using measurement in order to improve patient safety (e.g., culture assessment, event reporting, intervention testing), leveraging a variety of tools and techniques; ▪ Independently conducts comprehensive measurement and evaluation efforts to improve patient safety; ▪ Translates data into actionable information, identifying patterns or problem areas and presenting results to support decision-making among senior leadership; and ▪ Balances scientific rigor with feasibility when developing evaluation plans.
Expert	▪ Oversees multiple measurement and evaluation efforts and determines the optimal approach to achieve patient safety program goals and objectives; ▪ Keeps current with the science of patient safety measurement and applies latest techniques to measurement and evaluation; ▪ Develops innovative measurement and evaluation tools and techniques to promote patient safety; ▪ Uses measurement and evaluation to engage all stakeholders from the frontline to the executive suite and constantly works to improve patient safety; and ▪ Shares evaluation results across the MTF, ensuring the flow of information between all levels.

7.1.3 Problem-solving

Problem-solving: Recognizes and defines problems, breaks issues into meaningful parts and designs effective solutions; uses critical thinking to generate and evaluate alternative solutions, makes recommendations and formulates action plans; and considers a broad range of internal and external factors when solving problems and making recommendations.	
General	▪ Uses multiple sources of information to identify patient safety problems; ▪ Identifies and weighs the consequences of various courses of actions; ▪ Identifies potential threats or opportunities when solving a problem; and ▪ Provides meaningful input to recommendations and action plans under the direction of others.
Intermediate	▪ Critically reviews multiple sources of information to identify patient safety problems; ▪ Fosters cooperation among colleagues in problem-solving; ▪ Evaluates alternatives and provides recommendations that are used to solve a problem; ▪ Independently develops sound and well-informed recommendations and/or action by weighing input from multiple sources; ▪ Establishes a systematic course of action for self and others to assure implementation of a recommendation or action plan; and ▪ Considers a broad range of internal factors when making recommendations.
Expert	▪ Identifies critical, high payoff strategies and prioritizes team efforts accordingly; ▪ Develops and proposes strategic alternate models to solve problems or requirements; ▪ Anticipates potential threats or opportunities when formulating approaches for solving problems; ▪ Considers a broad range of internal and external factors when making recommendations; ▪ Applies innovative thinking to design and implement action plans and recommendations for highly complex and demanding problems; ▪ Owns and achieves recommendations or action plans and their outcomes, (e.g., stays with a position or plan of action until the desired objective is achieved or is no longer reasonably attainable); and ▪ Provides precedent setting solutions to unique problems not previously encountered.

7.1.4 Decision Making

Decision Making: Makes sound, well-informed, timely and objective decisions based upon evidence-based best practices and reasoning; perceives the impact and implications of decision and indecision; determines whether an issue requires elevation to a more senior employee; makes effective decisions, even when data are limited or solutions produce unpleasant consequences; and informs appropriate parties of decisions made.	
General	▪ Makes sound and timely decisions involving simple or routine situations; ▪ Recognizes situations and limitations when further guidance is needed from a supervisor; and ▪ Categorizes reported patient safety events according to the DoD Patient Safety Harm scale (e.g., Near Miss, No Harm, Permanent Stress, etc.) with supervision.
Intermediate	▪ Defines and clarifies issues, evaluates alternatives and makes sound and timely decisions when multiple courses of action are possible; ▪ Makes decisions involving moderately complex issues affecting organizational mission; ▪ Makes decisions with little or no supervisory review; ▪ Categorizes reported patient safety events according to the DoD Patient Safety Harm scale (e.g., Near Miss, No Harm, Permanent Stress, etc.).
Expert	▪ Identifies, defines, clarifies and makes sound and timely decisions involving multiple complex issues impacting the work and outcomes across multiple organizations; ▪ Identifies possible conflicts and beneficial relationships involving multiple issues with other programs before making recommendations to correct the process; ▪ Exercises good judgment by making timely decisions in the face of complexity, even when data is limited or solutions produce unpleasant consequences; and ▪ Explains rationale for decisions.

7.1.5 Systems Thinking

Systems Thinking: Understands that most preventable errors in health care are due to predictable human failings in the context of poorly designed systems; employs a systems approach to reducing harm in health care; understands the principles, methods and tools of human factors engineering and high-reliability organizations.	
General	▪ Identifies human factors (e.g., fatigue, stress, human limitations, task saturation, workload, communication failures) that can contribute to error; ▪ Understands systems-based strategies for reducing human error (e.g., standardization, simplification, process improvement); and ▪ Communicates that bad outcomes are infrequently the fault of an individual, but rather poorly designed processes and systems.
Intermediate	▪ Applies the principles and strategies of human factors engineering and high reliability organizations to reduce error and create safe processes and systems; ▪ Assesses how the design of processes, equipment, and other systems components contribute to errors using knowledge of human factors; and ▪ Ensures that corrective efforts are shifted away from reprimanding and training individuals and toward identifying systems factors likely to give rise to human error.
Expert	▪ Evaluates errors using the knowledge of microsystems (the people, machines, and data at the level of direct patient care) and their relationship to the macro systems within which they operate to improve processes; ▪ Leads efforts to improve processes so patient safety events are less likely to happen again and the system is safer for everyone; ▪ Applies principles and strategies of human factors engineering and HROs to the design of patient safety improvement initiatives; ▪ Continually and systematically integrates information about risks, hazards, and performance gaps that contribute to patient safety issues; and ▪ Develops processes or programs to support the smooth flow of information to ensure system issues are consistently identified, prioritized, and addressed.

7.2 Business Skills and Knowledge

7.2.1 Business Skills and Knowledge Defined

Business Skills and Knowledge:	
Definition	Knowledge of principles and practices related to managing the internal and external operations of a business unit to effectively accomplish mission objectives and goals, achieve customer satisfaction and develop strong relationships with colleagues. Understands internal operations and processes, and the tools used to support or modify processes in order to optimize efficiency and information for decision making.
Sub-competencies	▪ Project Management; ▪ Interpersonal Skills; ▪ Teamwork; ▪ DoD Organizational Knowledge; and ▪ Technology Literacy.

7.2.2 Project Management

Project Management: Organizes work for self or others, sets priorities and determines resource requirements; determines short or long-term goals and strategies to achieve them; coordinates with other organizations or parts of the organization to accomplish goals; nd aable to apply the principles, methods and tools for developing, scheduling, coordinating and managing projects.	
General	▪ Drafts project plan (e.g., project goals, resource requirements, evaluation methods and timeline) with assistance; ▪ Identifies potential risks to the project; ▪ Prioritizes own work assignments in accordance with supervisory guidance and mission requirements; and ▪ Manages time and resources in accordance with project plan.
Intermediate	▪ Drafts project plan (e.g., project goals, resource requirements, evaluation methods and timeline) independently; ▪ Identifies solutions and mitigation measures to counteract project risks; ▪ Identifies items that need to be included and accounted for in the project budget; ▪ Prioritizes work assignments of other individuals; and ▪ Coordinates with representatives from other MTFs or with teams of individuals across many disciplines (e.g., Administrators, Clinicians, etc.) in order to accomplish project goals.
Expert	▪ Mentors and provides guidance to others in drafting project plans (e.g., project goals, resource requirements, evaluation methods, and timeline); ▪ Applies solutions and mitigation measures to counteract project risks; ▪ Manages patient safety program project budgets and tracks the impact on the overall MTF budget; ▪ Develops tools or procedures to assist in the prioritization of work activities; ▪ Delegates and assigns work to colleagues to efficiently reach project milestones and goals; and ▪ Ensures an efficient and effective use of resources (e.g., monetary resources, human resources, etc.).

7.2.3 Interpersonal Skills

Interpersonal Skills: Exemplifies professionalism by displaying courtesy, tact, empathy, compassion, respect and concern in dealing with co-workers and others; develops and maintains relationships; deals effectively with people who are difficult, hostile, distressed; and relates well to people from varied backgrounds and situations, and is sensitive to individual differences.	
General	▪ Interacts, cooperates, and works well with management, colleagues, patients, and general public under guidance and supervision; ▪ Develops good working relationships with inter-disciplinary teams throughout the MTF to advance patient safety; and ▪ Establishes rapport during attendance at meetings by sharing information.
Intermediate	▪ Interacts, cooperates and works well with management, interdisciplinary teams, patients and general public under limited or no supervision; ▪ Establishes rapport and exhibits respect for others to defuse hostile situations or elicit information (e.g., asking questions, finding common ground); ▪ Listens to and interprets others' verbal and non-verbal communications; and ▪ Courteously and tactfully delivers effective instruction (e.g., regulatory compliance, technical information, safety protocols).
Expert	▪ Establishes and maintains ongoing working relationships with employees, management, internal and external agencies, public organizations, patients and the general public; ▪ Seeks to understand the perspective of others (e.g., Patients and families, Administrators, Clinicians, etc.); and ▪ Effectively mediates and resolves internal and external conflict.

7.2.4 Teamwork

Teamwork: Encourages and facilitates cooperation, pride and group identity; fosters team commitment and spirit ; seeks input from team members in achieving goals; and embraces a collaborative work environment in which teams can cross multiple disciplines and level.	
General	▪ Cooperates with others to complete routine tasks; ▪ Participates appropriately based upon role in the team; ▪ Engages in open-ended discussions with interdisciplinary teams; ▪ Works in interdisciplinary teams to conduct prospective, real-time and retrospective assessments; ▪ Assists colleagues in developing ideas by listening and asking questions; and ▪ Identifies the appropriate use of TeamSTEPPS tools.
Intermediate	▪ Cooperates with others to establish priorities and develop work plans; ▪ Contributes to group discussions, and shares pertinent information; ▪ Identifies and defines team member roles; ▪ Fosters the maintenance of teams through communications and holds everyone — including themselves accountable for effective communication; ▪ Engages in open-ended discussions with inter-disciplinary teams ensuring that all members have been given an opportunity to speak; ▪ Solicits input from others in an inter-disciplinary team to consider different perspectives; and ▪ Assists others in the appropriate use of TeamSTEPPS tools.
Expert	▪ Guides team to consensus for plans of action; ▪ Facilitates or leads group discussions and pertinent information sharing; ▪ Leads inter-disciplinary teams to conduct and gather prospective, real-time, and retrospective assessments; ▪ Presents controversial findings tactfully to organization management officials regarding sensitive topics (e.g. lawsuits); and ▪ Acts as a subject matter expert in developing and implementing TeamSTEPPS methods.

7.2.5 DoD Organizational Knowledge

DoD Organizational Knowledge: Demonstrates an understanding of the mission, functions, organizational structure and culture of the DoD, the Services, MTFs and the PSP; understands and aligns patient safety goals and actions to the MTF's strategic plan; communicates mission to appropriate stakeholders; and knowledge of DoD ranks, reporting structures and chain of command.	
General	▪ Demonstrates a knowledge of the MTF's strategic priorities and identifies patient safety initiatives that are included in the MTF's strategic plan; ▪ Adheres to the policies and procedure of own work unit, Department of Defense, Service and the MTF; ▪ Operates appropriately within the DoD, Service and the MTF's structure, ranks and chain of command; and ▪ Identifies and uses resources and support provided by the DoD PSP for personal development.
Intermediate	▪ Answers questions in regards to the strategic direction of the Patient Safety Program, MTF and the DoD; ▪ Contributes to developing the patient safety policies and procedures of the MTF; ▪ Aligns patient safety initiatives to the mission of the MTF and the DoD; and ▪ Identifies and uses resources and support provided by the DoD PSP to link to the overall development of the MTF.
Expert	▪ Contributes to the creation of a strategic direction for the MTF that includes patient safety; ▪ Builds and contributes intellectual capital to the DoD PSP; ▪ Assists others in identifying Department of Defense reporting structures and ranks; and ▪ Ensures that advocating for patient safety is included as part of the MTF's mission.

7.2.6 Technology Literacy

Technology Literacy: Effectively uses and leverages technology, tools and equipment to achieve results and maximize efficiency and communications; uses computer hardware/ software, standard (e.g., database, word processing, presentation, virtual meeting and social media software) and government-specific (e.g., patient safety reporting system, time keeping, expense/invoicing, research) computer applications/systems to gather, analyze, input and communicate information in the appropriate format; and capable of adapting to and implementing new and emerging technologies.	
General	▪ Uses basic functions of computer software (e.g., word processing, Internet searches, email); ▪ Uses specified technology to perform routine tasks under the direction of supervisors; ▪ Identifies proper and improper usage of medical technologies (e.g. barcode scanners); ▪ Communicates via email, blogs, threaded discussions, webinars ▪ Researches information on the Internet by using wikis, blogs, communities of practice, etc.; and ▪ Uses the patient safety reporting (PSR) system to manage incident reports, generate standardized reports, and inform leadership.
Intermediate	▪ Uses intermediate functions of computer software (e.g., virtual meetings, data manipulation and analysis) autonomously; ▪ Identifies, selects and applies appropriate technology to perform moderately complex tasks; ▪ Identifies equipment/application requirements to support the needs of the facility's patient safety program; ▪ Ability to initiate and operate virtual meeting and social media software; ▪ Contributes to the creation of webinars or submits information to wikis, blogs, communities of practice, etc.; and ▪ Uses the patient safety reporting system to manage incident reports, generate customized reports and inform leadership.
Expert	▪ Uses advanced functions of computer software (e.g., statistical manipulation and analysis); ▪ Stays current and informed about changes in technology and identifies, selects and applies technology to perform complex tasks; and ▪ Recommends changes and overhauls to the patient safety IT systems.

7.3 Communications

7.3.1 Communications Defined

Communications	
Definition	Ability to use words effectively to impart information or ideas (e.g., sharing thoughts, messages, or information by speech, signals, writing or behavior) and transmit information through presentations. Includes the ability to listen and interpret other people's verbal or nonverbal messages.
Sub-competencies	▪ Oral; ▪ Written; and ▪ Presentation Skills.

7.3.2 Oral Communications

Oral Communications: Expresses facts or ideas in a clear, logical, and well thought out manner to individuals or groups taking into account the audience and nature of the information; makes clear and convincing arguments; and listens attentively to others while projecting credibility, poise, and confidence — even under difficult or adversarial conditions.	
General	▪ Expresses ideas and information effectively and clearly; articulates ideas in non-judgmental and non-confrontational ways; uses culturally sensitive language; ▪ Uses appropriate mediums (e.g., voice, e-mail, face-to-face, one-on-one, team meeting) to communicate; ▪ Provides subordinates, peers, senior officers, and others with pertinent information; and ▪ Uses effective listening skills to identify important information in conversations and to engage people (e.g., pays attention to orally communicated facts and details, discerns and responds to the feelings and underlying messages of others, paraphrases, asks relevant, open-ended questions).
Intermediate	▪ Participates in initiatives to improve communications; ▪ Trains less experienced patient safety staff and others in better communication techniques and in use of culturally sensitive language; ▪ Knows the principles of shared decision-making and acts accordingly in all verbal communications; ▪ Ensures that staff and leadership are provided with clear, timely, and accurate information; ▪ Verbally acknowledges reports received and provides timely feedback to staff making reports of actions planned to improve patient safety; and ▪ Communicates risk by using effective techniques that minimize negative impact.
Expert	▪ Facilitates group conversations in order to clarify issues and establish direction; ▪ Facilitates a continuous flow of information from frontline staff to leadership and back again to ensure a reliable system in which risks are consistently identified and mitigated, staff concerns are responded to, and risks are addressed; ▪ Ensures direct communication linkages with all accountability programs such as quality/performance improvement and risk management, as well as with medical staff, nursing and other departments in the facility; and ▪ Articulates how the results of safety initiatives will generate bottom-line results and impact the other strategic initiatives of the organization.

7.3.3 Written Communications

Written Communications: Articulates ideas clearly and effectively through writing to answer questions, describes an event or situation for future reference, persuades others to take action, etc.; and includes writing in a clear, concise, organized and convincing manner for the intended audience.	
General	▪ Assists in developing materials for reports and meeting agendas; documents meeting minutes; ▪ Uses templates to develop reports required by supervisor, MTF, Service and DoD (e.g., event reports, status reports, action plans); ▪ Assists in writing action plans, reports and other written communications; ▪ Encourages robust reporting of all medication and non-medication related PS events/incidents to include near miss events.
Intermediate	▪ Prepares business communications including meeting agendas, presentations, business reports and project communications plans that are well-organized, logical and informative; ▪ Writing action plans, reports and other written communications; ▪ Ensures all reports required by supervisor, MTF, Service and DoD are written to specifications and provide appropriate level of detail (e.g., event reports, status reports, action plans); and ▪ Develops credible and understandable reports and presents written results of data analysis to decision makers.
Expert	▪ Develops templates for reports required by supervisor, MTF, Service and DoD to ensure these reports are written to specifications and provide appropriate level of detail (e.g., event reports, status reports, action plans); ▪ Incorporates effective communication into policies and procedures; and ▪ Mentors or teaches others to write action plans, reports and other written communications incorporating best practices.

7.3.4 Presentation Skills

Presentation Skills: Effective delivery of communications through presentation of ideas and issues affecting the Patient Safety Program; organizes and presents in an effective and efficient manner; supports the development of presentations; monitors presentations; and adjusts as appropriate.	
General	▪ Develops and delivers basic presentations to clinicians, managers and supervisors on patient safety with assistance and/or by utilizing standardized templates (e.g., employee orientation, staff meetings); ▪ Uses appropriate delivery techniques (e.g. maintains adequate eye contact, is vocally expressive, etc.) in oral presentations; and ▪ Analyzes audience and adjusts delivery based on audience engagement, considering the needs of an audience and how it is likely to react.
Intermediate	▪ Independently prepares and delivers presentations for all audiences; ▪ Delivers well-organized, logical and informative presentations; ▪ Listens effectively and clarifies information as needed to large groups and organizations; ▪ Changes tactics when something isn't working during presentations; and ▪ Communicates with peers, leadership, clinical front line, etc., and presents results of data analysis and recommendations to leadership.
Expert	▪ Delivers complex, well-organized, logical and informative presentations that demonstrate complex analytical skills; ▪ Listens effectively and clarifies information as needed; ▪ Responds with confidence and credibility when faced with on-the-spot questions or challenges during or after presentations; and ▪ Delivers presentations to internal (e.g., MTF, Service) and external (e.g., DoD, other MTFs, professional organizations) audiences on patient safety and risk.

7.4 Leadership

7.4.1 Leadership Defined

Leadership	
Definition	Creates conditions for success. Demonstrates responsibility, as well as a commitment to, and a vision for the improvement of patient safety. Establishes direct and regular communications with others at all levels and positions in the MTF, including command leadership, to ensure patient safety is a priority. Displays a high level of initiative, effort and commitment towards achieving results. Promotes team morale, productivity, agenda and goals; and supports team administration and management.
Sub-competencies	▪ Change Management; ▪ Coalition Building; ▪ Accountability for Results; and ▪ Service Motivation.

7.4.2 Change Management

Change Management: Persuades others to accept recommendations, cooperate or change their behavior to focus on patient safety; works with others towards an agreement; communicates ideas for transformation and gains buy-in from colleagues; and works to transform the health care environment from "shame and blame" to focus on transparency, systems thinking and patient-centered care.	
General	▪ Works to create an environment of shared knowledge, vision and information regarding patient safety; ▪ Promotes an environment that discourages the attribution of blame; ▪ Persuades peers to accept recommendations for change; and ▪ Encourages voluntary practitioner reporting of adverse events and disclosure.
Intermediate	▪ Champions a culture of trust, transparency, disclosure and patient-centered care through communication, coordination and teamwork; ▪ Promotes an environment that fosters peer support and discourages the attribution of blame; ▪ Persuades immediate supervisor or inter-disciplinary teams to cooperate or accept recommendations for change; and ▪ Communicates that patient safety is a vital responsibility that must be promoted by the entire facility.
Expert	▪ Works to create an environment centered on effective communications where leaders are open and honest about errors and actively promote patient safety; ▪ Promotes a work environment that emphasizes learning and focuses on system performance rather than on individual blame; ▪ Persuades management and other stakeholders to cooperate, accept recommendations or change their behaviors to support patient-centered care; and ▪ Leverages relationships with senior leaders to implement and affect cultural transformation.

7.4.3 Coalition Building

Coalition Building: Ability to form and promote partnerships with individuals or organizations to support or advance the cause of patient safety; works with others towards an agreement; and negotiates to find mutually acceptable solutions.	
General	▪ Identifies information that should be shared with others; ▪ Identifies requirements and essential parties to accomplishing mission goals and objectives; ▪ Identifies senior-level staff to champion patient safety within the MTF; ▪ Establishes internal relationships with clinical and administrative staff to ensure patient safety is a top priority; ▪ Provides feedback and the steps taken towards a resolution to the person(s) that reported the patient safety issue; and ▪ Negotiates issues with others.
Intermediate	▪ Identifies information and facilitates an open flow of information exchange across the MTF; ▪ Identifies requirements and engages parties essential to accomplishing mission goals and objectives; ▪ Works with senior-level staff to champion patient safety within the MTF; ▪ Negotiates issues with others who are resistant to change or do not stand to gain by negotiating; and ▪ Gains buy-in and credibility by understanding the roles, responsibilities and motivations of others in the MTF.
Expert	▪ Identifies information and facilitates an open flow of information exchange across the MTF and DoD; ▪ Leverages internal and external relationships to complete mission goals and objectives; ▪ Obtains commitment and mutual support of senior-level staff to pursue mission goals and objectives; ▪ Facilitates negotiations between groups to resolve major issues; and ▪ Utilized by colleagues as a key trusted advisor with a reputation for results.

7.4.4 Accountability for Results

Accountability for Results: Demonstrates a proactive approach to completing tasks to ensure thoroughness and quality; assures, controls and improves the quality of patient safety; maintains responsibility for completing work; demonstrates a high level of performance and responsiveness in promoting patient safety; and uses organizational resources to achieve results.	
General	▪ Checks own work to ensure it meets Department of Defense, Patient Safety Program and Military Treatment Facility (MTF) standards; ▪ Takes ownership of work completed, accepting and incorporating constructive feedback; ▪ Contributes to the financial health of the institution through adherence to MTF policies and responsible use of resources; and ▪ Completes assigned tasks even during times of uncertainty or ambiguity, while maintaining flexibility and a positive work attitude.
Intermediate	▪ Reviews and ensures quality of own work as well as the work of colleagues and others; ▪ Holds responsibility for work completed on a task; ▪ Contributes to the financial health of the institution through adherence to MTF policies and responsible use of resources on tasks; and ▪ Remains productive during times of crisis, uncertainty or ambiguity, while maintaining flexibility and a positive work attitude.
Expert	▪ Holds responsibility for multiple, simultaneous assignments; ▪ Takes ownership of work completed by the team and works to resolve issues accordingly; ▪ Executes work understanding the impact on project financials and using resources responsibly; and ▪ Demonstrates the ability to quickly become acclimated and productive and helps others acclimate to new or changing priorities or environments.

7.4.5 Service Orientation

Service Orientation: Ability to create and sustain an organizational culture that encourages others to provide quality patient care; enables others to acquire the resources they need to provide patient-centered care; shows a commitment to service — to patients, their caregivers, clinicians and administrators; and influences others toward a spirit of service and meaningful contributions to patient safety.	
General	▪ Selflessly makes the patient's safety a top priority; ▪ Communicates the need and importance for patient-centered care to others; ▪ Contributes to suggestions for improving patient engagement and patient-centered care; and ▪ Identifies resources (e.g., tools, support) needed to provide patient-centered care.
Intermediate	▪ Delivers more than expected on work activities to ensure the patient safety goals are reached; ▪ Demonstrates willingness to take on responsibilities and challenges and do what is needed without being asked; ▪ Sets high standards, pays attention to details, and displays a high level of concentration even when assigned an unpleasant task; and ▪ Provides needed resources (e.g., tools, support) to ensure patient-centered care.
Expert	▪ Communicates reasons to selflessly make the patient's safety a top priority; ▪ Acts as a model to demonstrate excellence in public-service; and ▪ Mentors colleagues in the identification of tools and resources needed to provide high-quality patient-centered care.

7.5 Patient Safety Expertise

7.5.1 Patient Safety Expertise Defined

Patient Safety Expertise	
Definition	Maintains a current understanding of patient safety science, best practices and regulatory requirements that are aimed at achieving a culture of safety. Applies this expertise to perform the work, establish credibility in the MTF and to expand innovation within the field. Functions as an expert advisor to command leadership on all issues related to patient safety.
Sub-competencies	▪ Patient Safety Industry Knowledge ; ▪ Patient Engagement; ▪ Culture Assessment, Feedback and Intervention; ▪ Risk Identification and Mitigation; and ▪ Performance Improvement.

7.5.2 Patient Safety Industry Knowledge

Patient Safety Industry Knowledge: Understands Federal, Service and facility policies, regulations and guidelines pertaining to patient safety as well as industry accreditation requirements and their application in the MTF; applies knowledge of The Joint Commission's National Patient Safety Goals, National Quality Forum's Safe Practices and other evidence-based best practices and standards to safe patient care; and functions as a patient safety expert advisor to leadership and staff in the MTF.	
General	▪ Implements Federal, Service and facility policies, regulations and guidelines in the MTF with oversight; ▪ Keeps up-to-date on changes/revisions to policies, regulations, guidelines, best practices and standards pertaining to patient safety; ▪ Assists in implementing regulatory requirements related to patient safety in the MTF; ▪ Participates in the accreditation process with oversight; and ▪ Actively disseminates evidence-based best practices in patient safety throughout the MTF.
Intermediate	▪ Independently implements Federal, Service and facility policies, regulations and guidelines as well as industry accreditation requirements in the MTF environment ; ▪ Contributes to changes/revisions to facility-level policies and guidelines; ▪ Implements regulatory requirements related to patient safety in the MTF; ▪ Actively participates in the accreditation process and periodic performance reviews without oversight; and ▪ Applies knowledge of evidence-based best practices to prospective, real-time and retrospective risk assessments.
Expert	▪ Leads implementation of and teaches others about Federal, Service and facility policies, regulations and guidelines as well as industry accreditation requirements in the MTF environment; ▪ Contributes to changes/revisions to Service and facility-level policies and guidelines; ▪ Teaches others to implement regulatory requirements related to patient safety in the MTF; ▪ Plays a leading role in the accreditation process and periodic performance reviews; and ▪ Participates in practice groups and peer groups to stay current on developments in patient safety best practices and applies these best practices in the MTF.

7.5.3 Patient Engagement

Patient Engagement: Recognizes the central role that patients and their caregivers play in efforts to improve the quality and safety of health care, and applies this knowledge to collaborating with patients, their caregivers and health care professionals in patient safety improvement programs; and plays a central role in educating others (patients, caregivers and health care professional) about the importance of patient-centered care, patient satisfaction cultural competence and disclosure.	
General	▪ Recognizes the relationship between patient safety, patient engagement, patient satisfaction and patient experience; ▪ Participates in and supports patient engagement initiatives in place in the MTF (e.g., Speak up, Ask Me 3); and ▪ In collaboration with health care professionals, implements educational activities to promote patient engagement within the MTF (e.g., disclosure, transparency, cultural competence, the meaning of patient-centered care).
Intermediate	▪ Interprets and uses results of patient satisfaction measures (e.g., ICE, HCAHPS) to develop patient safety improvement programs in collaboration with health care professionals; and ▪ Develops and implements educational activities to promote patient engagement within the MTF (e.g., disclosure, transparency, cultural competence, the meaning of patient-centered care).
Expert	▪ Effectively involves health care professionals in the planning, development and implementation of patient safety initiatives and educational programs; and ▪ Shares best practices, lessons learned and training materials developed to support patient safety initiatives and educational programs across the DoD.

7.5.4 Culture Assessment, Feedback, and Intervention

Culture Assessment, Feedback, and Intervention: Ability to assess organizational safety culture, identify gaps, disseminate findings across the organization and develop and implement improvement interventions to reduce patient safety risk.	
General	▪ Identifies and applies the dimensions of a safe culture (e.g., open, just, reporting, learning, informed, flexible) for transforming the organization to a culture of safety; ▪ Uses validated, reliable measures of safety culture to identify gaps and develop interventions with assistance; and ▪ Recognizes leadership's role in creating a safe culture.
Intermediate	▪ Observes and reports on the facility's safety culture; ▪ Uses data from patient safety culture assessment tools to assess gaps in patient safety within the MTF ; ▪ Recommends and implements initiatives to close identified gaps; ▪ Provides feedback to leadership and staff on results of the assessment and recommendations for improvement; and ▪ Engages leadership to foster an environment that is transparent (including disclosure to patients and caregivers), informed, and just — where errors are used for learning and improving the quality of patient care.
Expert	▪ Applies the principles of HRO and organizational change in the assessment and improvement of safety culture within the MTF; ▪ Designs and implement s innovative strategies to promote organizational transformation toward a culture of safety; ▪ Collaborates across ranks and departments to seek solutions to safe culture vulnerabilities; and ▪ Works with command leadership to direct resources toward addressing safety concerns.

7.5.5 Risk Identification and Mitigation

Risk Identification and Mitigation: Uses an integrated approach to identify and mitigate patient safety risks and hazards in order to continuously drive down preventable patient harm[1]; translates risk information into decisions and mitigating actions (both present and future) and implements those actions; and monitors risk indicators, evaluates mitigation actions and corrects for deviations from the risk mitigation plans.	
General	▪ Recognizes the similarities and differences between patient safety and risk management; ▪ Participates as a team member in prospective, real-time, and retrospective assessments, and to develop action plans; ▪ Adheres to internal (within the MTF) and external requirements and processes for event reporting and risk assessments; and ▪ Determines accuracy and relevance of information and uses sound judgment to generate and evaluate alternative actions.
Intermediate	▪ Leads teams to conduct prospective, real-time and retrospective assessments to identify problems and opportunities; ▪ Uses multiple methods (e.g., patient safety reporting system, general observation, etc.) to identify potential hazards to patient safety; ▪ Differentiates between symptoms and root causes of the issue; and ▪ Uses innovative thinking to develop effective action plans, going beyond the basics of education and policy.
Expert	▪ Teaches others to conduct prospective, real-time and retrospective assessments, and to develop action plans; ▪ Oversees multiple risk identification and mitigation efforts, and determines the optimal approach to achieve mitigation objectives; ▪ Uses statistical techniques to review and/or perform root cause analysis, forecasting and predictive analysis; and ▪ Gains buy-in from colleagues and senior leadership about plans to address and alleviate the hazard.

7.5.6 Performance Improvement

Performance Improvement: Applies the principles and tools of improvement science to identify performance gaps and develop, implement and test effectiveness of corrective interventions; continually understands and measures quality of care in terms of structure, process and outcomes in relation to patient and community needs[2]; aligns quality and safety performance improvement goals with the MTFs strategic mission and goals; and continuously communicates findings, improvement initiatives and results across the MTF.

General	▪ Assists in the development, implementation and evaluation of patient safety performance improvement initiatives; ▪ Uses basic tools and techniques of improvement science (e.g., Plan-Do-Check-Act) to improve system processes, reduce risk and enhance the quality and safety of care; and ▪ Works in collaboration with others (e.g., quality improvement teams) to use the MTF's selected process improvement method (e.g., Lean Six Sigma, microsystems, etc.) to reduce risk points within system processes.
Intermediate	▪ Develops, implements and evaluates the effectiveness of patient safety performance improvement initiatives; ▪ Assesses and redesigns processes using the principles and techniques of improvement science, human factors engineering and high reliability organizations; and ▪ Uses a systems-based approach to examine system processes, identify gaps, design corrective interventions and measure their effectiveness.
Expert	▪ Leads teams to develop, implement and evaluate the effectiveness of patient safety performance improvement initiatives; ▪ Uses process improvement methodologies (e.g., Lean Six Sigma, microsystems, etc.) to improve patient safety; ▪ Establishes a proactive, systematic, organization-wide approach to developing team-based care through team-led performance improvement interventions that reduce preventable harm to patients; and ▪ Implements ongoing process monitoring and measurement to identify variations and reduce risk.

7.6 Professional Development

7.6.1 Professional Development Defined

Professional Development	
Definition	Identifies and participates in opportunities for continued professional development throughout a career including formal (e.g., courses, conferences, etc.) and informal learning (e.g., mentorships, communities of practice, reading, networking, etc.). Seeks and uses feedback from others. Assists in the development of others by using constructive feedback. Uses knowledge of patient safety to teach others. Contributes to the shared knowledge of the patient safety community.
Sub-competencies	▪ Educating Others; and ▪ Continuous Learning

7.6.2 Educating Others

Educating Others: Determines competency gaps and education requirements; develops patient and staff education interventions in collaboration with health care professionals; teaches others through training courses, on-the-job training, employee development programs, education, instruction or daily interactions with staff ; assesses learning styles and adjusts teaching methods appropriately; and evaluates effectiveness of training and education programs.	
General	▪ Develops, coordinates and presents ongoing patient safety education programs on topics such as safety culture, transparency, disclosure, patient-centered care, cultural literacy, systems thinking, culture assessment and patient engagement; ▪ Shares ideas on how to improve the patient safety program with others; ▪ Focuses on learning from and fixing errors and communicates lessons learned; ▪ Provides resources or links to resources related to Patient Safety issues; and ▪ Participates in TeamSTEPPS training and implementation.
Intermediate	▪ Educates staff about the DoD PSP and the MTF-related activities which encourage staff to report adverse events, sentinel events and near misses, and to support program activities; ▪ Contributes to the education of peers by sharing lessons learned and best practices via DoD PSP communities of practice; ▪ Implements MTF-wide education programs to teach others about patient safety best practices and standards; and ▪ Facilitates TeamSTEPPS training and implementation.
Expert	▪ Undertakes development of General PSMs through education and mentorship, and establishes individual development plans for these employees; ▪ Engages key stakeholders in the process of spreading successful improvements across the organization as a way of educating others; and ▪ Sustains the TeamSTEPPS initiatives in the MTF through continually encouraging staff to use structured communications techniques (briefings, debriefings, SBAR model, assertive language, critical language, common language, closed communication loops, active listening).

7.6.3 Continuous Learning

Continuous Learning: Identifies needs and opportunities for continuous learning; uses efficient learning techniques to acquire and apply new knowledge and skills; uses training, feedback or other opportunities for self-learning and development; and sets goals to continuously enhance competencies and expertise.	
General	▪ Is open to receiving feedback from others; ▪ Works with supervisor to identify training needs and learning opportunities to fill knowledge gaps; ▪ Identifies and uses learning resources to stay up-to-date on DoD regulations, procedures, best practices in patient safety and alerts, etc.; and ▪ Learns when facing new problems; analyzes both successes and failures for clues to improvement.
Intermediate	▪ Seeks feedback from others and uses the feedback to improve performance; ▪ Develops and expands competencies by identifying and participating in a variety of events and opportunities; and ▪ Actively participates in knowledge sharing events and seeks out development opportunities to expand knowledge of patient safety concepts.
Expert	▪ Both seeks and provides constructive feedback; ▪ Develops and expands advanced patient safety competencies through various means to include observation, case studies, participation in communities of practice, research, collaboration and participation in formal learning events/programs; and ▪ Expands knowledge of and learns more complex patient safety concepts and applies these concepts and makes improvement to the patient safety program.

8 Appendix C: Core Values for Patient Safety Managers

The following table summarizes core values that have been identified as integral to the successful execution of the role of PSM:

Patient Safety Manager Core Values	
Core Value	**Description**
Excellence	▪ Going above and beyond expected standards; ▪ Committing to the demonstrated ongoing excellence in performance; ▪ Giving the best effort at all times; and ▪ Striving for improvement.
Empathy	▪ Developing an understanding of another individual's or group's thoughts and feelings; ▪ Recognizing and sharing another's feeling; ▪ Viewing things from the perspective of another person; and ▪ Being compassionate.
Integrity/Ethics	▪ Adhering to the highest standard of ethical principles; ▪ Representing the truth; ▪ Doing what is promised; and ▪ Highlighting medical ethics and human value as a vital component of patient safety.
Professionalism	▪ Never compromising standards and values; ▪ Serving as a role model to future PSMs; ▪ Demonstrating commitment to others and to continuous learning; and ▪ Believing passionately in patient safety.
Respect	▪ Treating others with dignity; ▪ Giving credence to others' thoughts and opinions; ▪ Being sensitive to many perspectives; and ▪ Encouraging collaboration.
Trust	▪ Building and maintaining relationships based upon honesty, fairness, benevolence and sharing information; ▪ Protecting confidentiality; and ▪ Accepting others as they are.

9 Appendix D: Competency Development Roadmap Template

Instructions:

1. Set a goal for each competency area on this roadmap. Identify a goal that provides a level of challenge, yet is still achievable within your desired timeline. Consult with your supervisor if feasible. Record your goal in the **Competency Development Goal Statement** column.
2. Identify activities that will help you meet your goal and record them in the **Activities Planned to Meet this Goal** column. Activities can include items from your Education Checklist and other relevant activities.
3. As you complete your planned activities, record the completion date in the **Status Tracker** column. When you have completed all of your activities, refer to the instructions described in Section 4 of this document to apply for your certificate and submit your materials.

Competency Area	Competency Description	Competency Development Goal Statement	Activities Planned to Meet this Goal	Status Tracker (dd/mm/yyyy)
Analysis ▪ Measurement and Evaluation ▪ Problem Solving ▪ Decision Making ▪ Systems Thinking	Ability to visualize, articulate and solve problems and concepts. Applies critical thinking to gather and analyze information, design and test solutions to problems, and formulate plans. Uses systems thinking to analyze data and make correct inferences or draw accurate conclusions. Makes decisions based on available information. Ability to turn data into information that can be used by decision-makers. Uses a wide range of analytical methods to effectively use data to identify patient safety problems, develop solutions and test solution effectiveness.			
Business Skills and Knowledge ▪ Project Management ▪ Interpersonal Skills ▪ Teamwork ▪ DoD Organizational Knowledge ▪ Technology Literacy	Knowledge of principles and practices related to managing the internal and external operations of a business unit to effectively accomplish mission objectives and goals, achieve customer satisfaction and develop strong relationships with colleagues. Understands internal operations and processes, and the tools used to support or modify processes in order to optimize efficiency and information for decision making.			
Communications ▪ Oral	Ability to use words effectively to impart information or ideas (e.g., sharing thoughts,			

Competency Area	Competency Description	Competency Development Goal Statement	Activities Planned to Meet this Goal	Status Tracker (dd/mm/yyyy)
▪ Written ▪ Presentations	messages or information by speech, signals, writing or behavior) and transmit information through presentations. Includes the ability to listen and interpret other people's verbal or nonverbal messages.			
Leadership ▪ Change Management ▪ Coalition Building ▪ Accountability for Results ▪ Service Orientation	Creates conditions for success. Demonstrates responsibility, as well as a commitment to, and a vision for the improvement of, patient safety. Establishes direct and regular communications with others at all levels and positions in the MTF, including command leadership, to ensure patient safety is a priority. Displays a high level of initiative, effort and commitment toward achieving results. Promotes team morale, productivity, agenda and goals; supports team administration and management.			
Patient Safety Expertise ▪ Patient Safety Industry Knowledge ▪ Patient Engagement ▪ Culture Assessment, Feedback and Intervention ▪ Risk Identification and Mitigation ▪ Performance Improvement	Knowledge of principles and practices related to managing the internal and external operations of a business unit to effectively accomplish mission objectives and goals, achieve customer satisfaction and develop strong relationships with colleagues. Understands internal operations and processes, and the tools used to support or modify processes in order to optimize efficiency and information for decision making.			

10 Appendix E: Sample Completed Competency Development Roadmap

This Appendix provides example goal statements and activities to meet the goals as a reference to help you when creating your own roadmap. For the purposes of saving space, the Competency Description column has been removed from this Appendix. Your roadmap will be individually customized to the competencies that you want to set focus on enhancing.

Competency Area	Competency Development Goal Statement	Activities Planned to Meet this Goal	Status Tracker (dd/mm/yyyy)
Analysis ▪ Measurement and Evaluation ▪ Problem Solving ▪ Decision Making ▪ Systems Thinking	Increase my knowledge and skills in measurement and evaluation by: • Using data collection and analysis tools to improve patient safety, specifically, the Patient Safety Reporting (PSR) System. *(Measurement and Evaluation/General)* • Recommending and designing approaches for measurement to improve patient safety, specifically in event reporting leveraging a variety of tools and techniques. *(Measurement and Evaluation/Intermediate)*	1. Complete the DoD PSP eLearning PSR Intermediate Course. 2. Study the DoD PSP PSR Situation, Background, Analysis, and Recommendations (SBARs) debut #1 and #2 issues. 3. Study the DoD PSP Focused Review titled "Understanding and Measuring Patient Safety." 4. Discuss progress with my BPSM Coach. 5. Based on the eLearning course, SBARs, Focused Review and coaching insights, create a report using the PSR System and brief report to leadership or staff. (Also referenced in Professional Development Competency Area)	Enter dates of completion using dd/mm/yyyy format for each numbered activities.
Business Skills and Knowledge ▪ Project Management ▪ Interpersonal Skills ▪ Teamwork ▪ DoD Organizational Knowledge ▪ Technology Literacy	Strengthen my interpersonal skills by: • Establishing rapport and exhibiting respect for others to defuse hostile situations or elicit information, specifically in handling disruptive behavior within our facility. (*Interpersonal Skills/Intermediate*)	1. Listen to the DoD PSP Learning Circle recorded webinar series on Professional Conduct. 2. Use the DoD PSP Professional Conduct Toolkit to facilitate an overview session with colleagues on tools and techniques. (Also referenced in Professional Development Competency Area) 3. Discuss progress with my BPSM Coach.	Enter dates of completion using dd/mm/yyyy format for each numbered activities.
Communications ▪ Oral ▪ Written ▪ Presentations	Enhance my oral communication skills by: • Participating in initiatives to improve communication. (*Oral Communications/Intermediate*) • Ensuring the staff and leadership are provided with clear, timely and accurate information. (*Oral Communications/Intermediate*)	1. Use the DoD PSP Situation, Background, Assessment and Recommendation (SBAR) Toolkit to create and facilitate an internal training on how to structure communication among team members and reduce adverse events. 2. Discuss progress with my BPSM Coach. 3. Develop and facilitate a presentation to facility leadership on patient safety trends. (Also referenced in Professional Development Competency Area)	Enter dates of completion using dd/mm/yyyy format for each numbered activities.

Competency Area	Competency Development Goal Statement	Activities Planned to Meet this Goal	Status Tracker (dd/mm/yyyy)
Leadership ▪ Change Management ▪ Coalition Building ▪ Accountability for Results ▪ Service Orientation	Increase my change management skills by: • Championing a culture of trust, transparency, disclosure and patient-centered care through communication, coordination and teamwork. (*Change Management/Intermediate*) • Promoting a work environment that emphasizes learning and focuses on system performance rather than on individual blame. (*Change Management/Expert*)	1. Complete the BPSM leadership lesson. 2. Listen to the DoD PSP Learning Circle recorded webinar "TeamSTEPPS Full Army Culture Change Plan: Building a Safety Culture." 3. Read one of John Kotter's books on change. 4. Discuss progress with my BPSM Coach. 5. Based on the BPSM course lesson, BPSM coaching support, the webinar insights and highlights from the book, create a facility communication one-pager for leadership review and approval for dissemination to facility staff. (Also referenced in Professional Development Competency Area)	Enter dates of completion using dd/mm/yyyy format for each numbered activities.
Patient Safety Expertise ▪ Patient Safety Industry Knowledge ▪ Patient Engagement ▪ Culture Assessment, Feedback and Intervention ▪ Risk Identification and Mitigation ▪ Performance Improvement	Increase my promotion of patient engagement by: • Developing and implementing educational activities to promote patient engagement within the MTF. (*Patient Engagement/Intermediate*)	1. Listen to the DoD PSP Learning Circle recorded webinar on the Patient Activation Reference Guide. 2. Apply the information from the DoD PSP Patient Activation Reference Guide webinar to facilitate an overview session with colleagues on the Guide resources. (Also referenced in Professional Development Competency Area) 3. Discuss progress with my BPSM Coach.	Enter dates of completion using dd/mm/yyyy format for each numbered activities.
Professional Development ▪ Educating Others ▪ Continuous Learning	Coach and mentor others, while expanding my knowledge and skills by: • Undertaking the development of general PSMs through education and mentorship. (*Educating Others/General*) • Engaging key stakeholders in the process of spreading successful improvements across the organization as a way of educating others. (*Educating Others/General*) • Developing and expanding my competencies by identify and participating in a variety of events	1. Complete the activities defined in above competency areas: a. Analysis: Based on the eLearning course, SBARs, Focused Review and coaching insights, create a report using the PSR System and brief report to leadership or staff. b. Business Skills and Knowledge: Use the DoD PSP Professional Conduct Toolkit to facilitate an overview session with colleagues on tools and techniques. c. Communications: Develop and facilitate a presentation to facility leadership on patient safety trends. d. Leadership: Based on the BPSM course lesson, BPSM coaching support, the webinar insights and highlights from the book, create a facility communication one-pager for leadership review and approval for dissemination to facility staff. e. Patient Safety Expertise: Apply the information from the DoD PSP Patient Activation Reference Guide webinar to facilitate an overview session with colleagues on the Guide resources.	Enter dates of completion using dd/mm/yyyy format for each numbered activities.

Competency Area	Competency Development Goal Statement	Activities Planned to Meet this Goal	Status Tracker (dd/mm/yyyy)
	and opportunities. (*Continuous Learning/Intermediate*)	2. Read the DoD PSP eBulletin and Learning Updates to identify future learning opportunities. 3. Read the monthly DoD PSP Data Pulse and latest alerts and advisories posted by the DoD PSP to remain aware of current issues. 4. Discuss progress with my BPSM Coach.	